



Insured's Name: _____

Risk Address: _____ **Policy Number:** _____

1. How long has the insured owned the dwelling? _____

2. Does the client own any other rental properties? Yes No

If yes, how many are there and where are they located? _____

If yes, please advise where they are insured: _____

3. Is the dwelling for sale? Yes No If yes, how long? _____

4. Is the dwelling vacant? Yes No If yes, how long? _____

5. Have you confirmed the insured takes an active role in the overall maintenance and upkeep of the dwelling?
 Yes No Other _____

6. How often does the insured inspect the property? _____

7. How many tenants have occupied the dwelling within the last 3 years? _____

8. What type of tenant lease is in place? Monthly Yearly Other _____

9. Does the insured ask for references on potential tenants? Yes No

10. Is the dwelling rented to students? Yes No

11. Have additional rental units been added to the original structure? Yes No

If yes, is it a professional conversion? Yes No

12. Does the insured take steps to prevent illegal operations on the premises (e.g. marijuana growing), such as performing regular interior inspections, checking for unoccupancy and blackened out windows, or asking neighbours to watch the premises? Yes No

Signature: _____ **Date:** _____